Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS722NSP	A. BUILDING _____ B. WING _____	12/09/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORAM SPECIALTY INFUSION SERV, AN APORIA HL	1951 RAMROD AVE STE 110 HENDERSON, NV 89014

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
P 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 12/09/09, in accordance with Nevada Administrative Code, Chapter 449, Nursing Pools. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. Eleven employee records were reviewed. The following regulatory deficiencies were identified:	P 000		
P 043 SS=C	449.7473 USE OF LICENSE 1. Each license is separate and distinct and is issued to a specific person to operate a nursing pool at a specific location. A nursing pool must be operated and conducted under the name and within the area of service designated on the license. The name of the person who is designated as responsible for its conduct must appear on the face of the license. This Regulation is not met as evidenced by: Based on observation and interview, the agency did not have a license for the "satellite" location where infusion therapy was being provided in a large infusion suite. The "satellite" location address was 101 N. Pecos, #103, Las Vegas, NV.	P 043		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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P 043	Continued From page 1 An infusion visit at the "satellite" location was observed for Patient #1 on 12/09/09 at 2:30 PM. Interview with the Nurse Manager and the Registered Nurse providing the infusion hook up, confirmed that the "satellite" location did not have a license specific to the location. Scope: 3 Severity: 1	P 043		
P 072	449.7477 PERSONNEL POLICIES:MANITENANCE A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 3. Maintenance of a current record of the health of each member of the staff. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities and facilities for the dependent: Placement and care of cases and suspected cases; surveillance and testing of employees. 3. Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin (BCG)	P 072		

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P 072	Continued From page 2 vaccination. If the employee has no documented history of a 2 -Step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-Step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must be administered thereafter. 4. An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin test or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive skin test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association set forth in "Tuberculosis: What the Physician Should Know." 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculin skin test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medial facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. Based on record review, the agency failed to	P 072		

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P 072	Continued From page 3 show evidence of proper Tuberculosis (TB) testing for 5 of 11 employees (Employees #2, #4, #5, #8 and #9). Scope - 2 Severity - 2	P 072		